

Two ways to assess the holistic value of your specialty partner

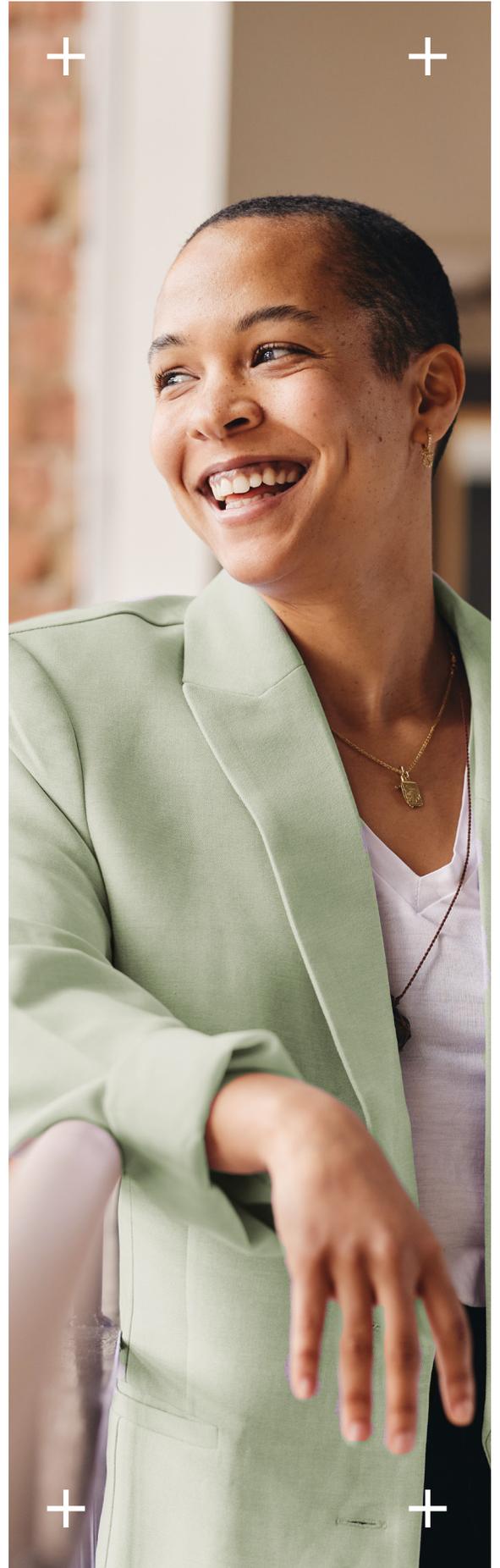
A DISCUSSION GUIDE



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Welcome

Dear reader,

There are many variables that factor into the overall value a [specialty drug management partner](#) can deliver. However, specialty evaluations tend to hinge on a few quantitative figures like rates, [net effective discounts](#) and/or [rebate guarantees](#).

While these metrics merit close attention, so does an array of qualitative criteria that are typically more challenging to gauge.

The goal of this guide is to help you identify some of these often-overlooked considerations and learn how to incorporate them into your organization's assessment framework.

In the following pages, we highlight some specific questions to investigate across **two key areas:**

	01 Flexibly integrated specialty trend management strategies		02 Clinical rigor applied across specialty pharmacy processes
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We also provide some key definitions and closing thoughts—all designed to help you navigate evaluation discussions for maximum productivity.



Stephanie Uder

STEPHANIE UDER,
VICE PRESIDENT, EVERNORTH



STEP 1

Explore how effectively specialty trend management strategies can be integrated

In addition to measuring the effectiveness of each component within your [specialty trend management](#) program, understanding how flexibly your specialty partner can integrate all strategies—new and pre-existing—is critical to maximizing overall value for your plan, members and providers.

Why it matters

The market is crowded with vendors touting “innovative” approaches to managing specialty trend and lofty promises of big savings. However, these methodologies typically exclude existing, interconnected strategies and the synergies they generate. These interconnected strategies can include:

- + [Formularies](#) that direct patients from costly specialty medications to clinically comparable, lower-cost alternatives
- + [Utilization management \(UM\)](#) that ensures therapy appropriateness and visibility across both pharmacy and medical benefits to capture savings and ensure clinical integrity
- + [Value-based programs](#) that deploy a mix of cost-containment strategies and condition-specific patient support to help keep drug costs in check
- + [Copay solutions](#) that drive year-over-year savings for plans while offering a potential \$0 patient out-of-pocket cost for many specialty therapies
- + [Network optimization](#) to drive maximum discounts via exclusive or limited pharmacy partnerships
- + [Channel optimization](#) to route therapies through the lowest-cost benefit—pharmacy, medical or both, depending on the therapy and other factors
- + [Site of care redirection programs](#) to help avoid drug administration at more costly settings when other options exist
- + [Payment integrity solutions](#) that help reduce fraud, waste and abuse on drug claims

Individually, each of these strategic components is designed to deliver specific benefits. Collectively, however, they can unleash even greater value and reduce the total cost of care.

Plans that are aggressively enrolled in specialty trend management strategies offered by the **Express Scripts PBM, an Evernorth company**, achieve:



Average savings of **\$6.23** per member per month (PMPM)¹



A specialty trend of **-6.4%**—nearly **14** points lower than peers not applying the same solutions¹

Questions to consider

An above-average trend is often the byproduct of deploying an à la carte approach to cost management, rather than a holistic one. It's important to ensure your specialty partner is equipped with the capabilities to address all facets of your program in a highly integrated and efficient manner.

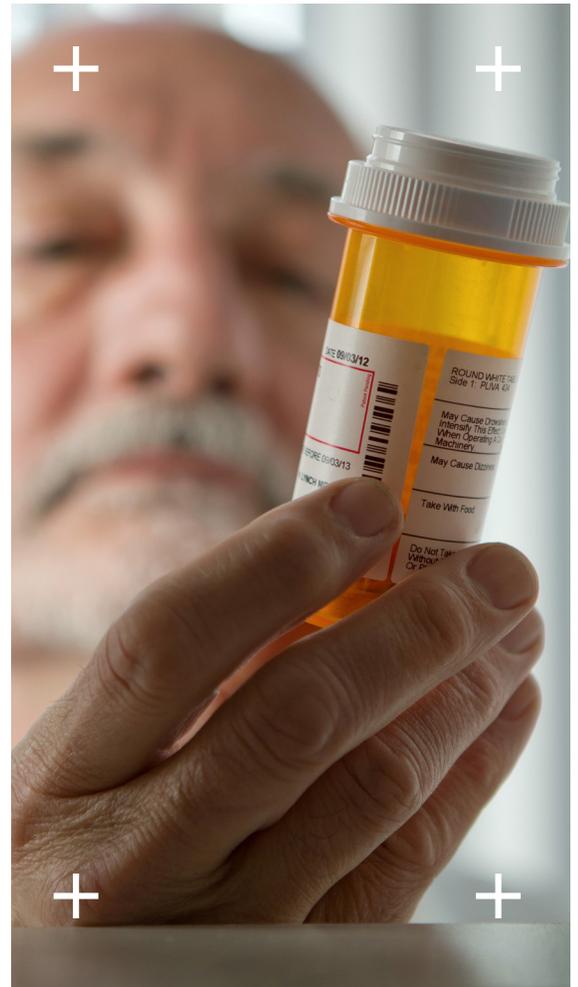
Here are four questions to help determine if they're up to the task:

01. HOW EFFICIENTLY CAN THEY MANAGE SPECIALTY ACROSS BOTH PHARMACY AND MEDICAL BENEFITS?

Many plans still struggle to gain a cohesive view of specialty data across pharmacy and medical benefits due to a broad spectrum of administrative complexities. This can result in errors and missed opportunities for savings. However, where applicable, a comprehensive management strategy across benefits can help bridge the data gap and dramatically improve cost efficiencies.

An optimal, forward-looking cross-benefit management strategy should be comprised of:

- + UM that manages [prior authorization \(PA\)](#) requests for [specialty drugs](#), procedures, imaging, lab testing and radiation
- + Claims and policies that ensure each case is reviewed consistently and aligned with criteria
- + Rebate optimization that focuses on optimizing contracts with drug manufacturers for maximum value
- + Site of care redirection services that steer patients to the most cost-effective and clinically advantageous care settings for better patient and provider experiences
- + Integrated reporting that combines data for specialty drug and related medical procedures



Evernorth's integrated approach to medical drug management guarantees a minimum 3:1 return on investment, delivering clients average overall savings of **\$8 PMPM²** and medical rebates averaging between **\$1-\$2 PMPM³**.

The strength of a specialty partner's clinical model plays a critical role in ensuring therapy appropriateness and lowering costs.

At a minimum, your specialty partner should support you with:

- ☑ Evidence-based clinical protocols, including condition- and drug-specific [therapy management protocols](#)
- ☑ Comprehensive pharmacist counseling or nurse education on specific disease states and therapies
- ☑ Active screening for barriers to therapy success, such as non-[adherence](#), side effects or psychosocial challenges
- ☑ Predictive analytics and decades of clinical experience to identify and address care barriers
- ☑ Innovative monitoring programs to eliminate therapy waste and drive savings



Innovative therapy monitoring programs like [vial optimization](#), [regimen appropriateness](#) and [specialty pharmacist utilization review](#) helped plans drive average savings of **\$0.47 PMPM** in 2021. Because Accredo, Evernorth's specialty pharmacy, implements them for clients at no additional cost, these programs also helped plans save a total of **\$84 million** over the past year.⁴

There are a number of dynamics contributing to the increased complexity of specialty trend management, including a growing [drug pipeline](#), expanding competition from innovative treatments such as [biosimilars](#) or [gene and cell therapies](#), as well as constantly evolving consensus-based treatment guidelines and regulatory requirements.

Because of the fluid nature of these considerations, it can be very challenging to effectively factor them into strategies like benefit design, channel mix and drug preference—all of which can have a significant positive impact on your budget when the right choices are made.

That's why it helps to have a partner who leverages sophisticated [modeling tools](#) and support systems to help inform decisions on some of these more complicated, yet critical, topics.



For example:

- + **Gene and cell therapy [forecasting](#)** to understand a member population's potential for utilization of these [novel treatments](#)
- + **Channel optimization** to determine the lowest-cost channel for a specific drug
- + **Savings recommendations** to uncover opportunities for deeper levels of affordability
- + **Specialty [plan design](#) modeling** to examine the savings opportunities of various benefit structures
- + **Specialty trend and savings modeling** to evaluate the savings opportunities of various trend management solutions
- + **Monthly pipeline reporting** to keep teams apprised of the latest drug developments



Over the next five years, approximately \$9.8 billion in reduced drug spend is expected in classes with biosimilars coming to market. The most significant class is anti-inflammatory drugs—**especially Humira® , which could see competition from 10+ biosimilars expected to launch in 2023.**

Some pharmacy benefit managers (PBMs) offer standalone financial guarantees tied to the performance of specific components within a specialty trend management strategy, such as rebates. However, a best-in-class partner will elevate that offer to a single, forward-looking financial guarantee without additional cost to the client—one that will be continuously reevaluated and optimized as new strategies and solutions come to market.

With this progressive approach, your partner takes on the risks associated with a potential increase in specialty spending—so you don't have to. Such an agreement also ensures that your partner will:

-  Apply a holistic approach to trend management that emphasizes simplicity, integration and predictability
-  Stay vigilant about uncovering opportunities to improve performance while remaining flexible enough to capitalize on them



To deliver better predictability and affordability across a complex specialty landscape, **Evernorth offers plans one comprehensive, forward-looking guarantee to cover their specialty pharmacy spend.**

PRO TIP

“When evaluating how well a specialty partner can integrate trend management strategies, three guiding principles to look for are affordability, simplicity and predictability. In terms of affordability, you want a partner who can help you identify additional opportunities to lower plan spend on an ongoing basis. In terms of simplicity, a partner who can help you break down and make sense of the ever-complicated specialty landscape. And when it comes to predictability, having advanced tools and strategies at your disposal can really help future-proof your organization against steadily rising specialty drug prices.”



JENNIFER IVERSON, PHD
SENIOR DIRECTOR, SPECIALTY DRUG MANAGEMENT



STEP 2

Examine the level of clinical rigor applied across specialty pharmacy processes

By embedding the highest standards of clinical excellence across the care continuum, plans can have confidence that members are receiving the right therapy, at the right dose, at the right time.

Why it matters

Optimizing clinical outcomes while maximizing affordability is a perpetual challenge for plans. This challenge becomes even more complicated with specialty care, where patients require a deeper level of support from clinicians with condition-specific expertise in order to feel physically, mentally and financially secure.

As each [specialty condition](#) comes with a unique set of complex characteristics, plans need a highly tailored, white-glove approach focused on targeted patient support and education to ensure proper medication management.

[Therapeutic Resource Centers \(TRCs\)](#) are a proven model to deliver on these needs. TRCs connect specialty patients to individualized care through a robust ecosystem of supportive resources, including but not limited to:

- + **Specialty pharmacists** who assure safety and therapy appropriateness at the patient level
- + **Patient care advocates** who coordinate drug deliveries and assure compliance with all requirements
- + **TRC specialist nurses** who educate patients on managing care barriers
- + **Home infusion nurses** who assess patients, administer therapies and educate patients and/or caregivers on self-administration
- + **Copay assistance representatives** who coordinate resources and to help lessen cost burdens
- + **Patient access representatives** who review benefits, plan design and PA processes
- + **Social workers** who coordinate resources to address psychosocial barriers and help improve patient quality of life
- + **Dietitians** who coach patients on strategies to mitigate disease impact and maximize overall health

Evernorth's specialty pharmacy, **Accredo**, maintains the industry's leading TRC model in the U.S. The model includes **15** condition-specific centers offering clinical services, proprietary evidence-based clinical protocols and other predictive modeling programs that drive patient safety, medication adherence and cost management.

For plans that partner with Accredo, **our TRC model delivers:**



A **98%** patient satisfaction rate for patients, including those who navigate some of the [rarest conditions](#)⁵



\$1.7 billion in copay assistance coordination in 2021 and **\$5 billion** since 2016⁶

Questions to consider

Specialty conditions require high-touch, individualized care from specialized experts. Anything less can jeopardize patient health, as well as overall health plan affordability.

Here are four questions to help reveal if your partner has what it takes:

01. ARE CONDITION-SPECIFIC EXPERTS AVAILABLE 24/7/365 AND INVOLVED IN LOCAL COMMUNITIES?

When specialized clinicians are not available around the clock to deliver personalized support, patient safety may be placed at risk. This always-on model also provides patient convenience and flexibility to arrange care around their unique needs.

In addition to being available at all times, specialist pharmacists and nurses should also be closely working across their teams and leveraging direct, real-time information—including:

- ☑ Comprehensive patient medication profiles
- ☑ Complete pharmacy dispensing records
- ☑ Relevant drug interactions and mitigation plan
- ☑ Potential adverse event and side effect risks with strategies to mitigate or avoid
- ☑ Patient physical assessments and responses to therapy

A best-in-class specialty partner will also drive local engagement that involves the patient, their family, caregivers, physicians, foundations and advocacy groups.



Here are a few ways your partner can demonstrate their ability to deliver this level of high-touch support in local communities:

- ☑ Active engagement with a board of trusted physician advisors who work directly with prescribers and their practices
- ☑ An expansive staff of nurses to provide [home infusion](#) nursing services throughout the U.S.
- ☑ Hands-on education from nurses to help caregivers, coaches, teachers and others understand how to provide critical care

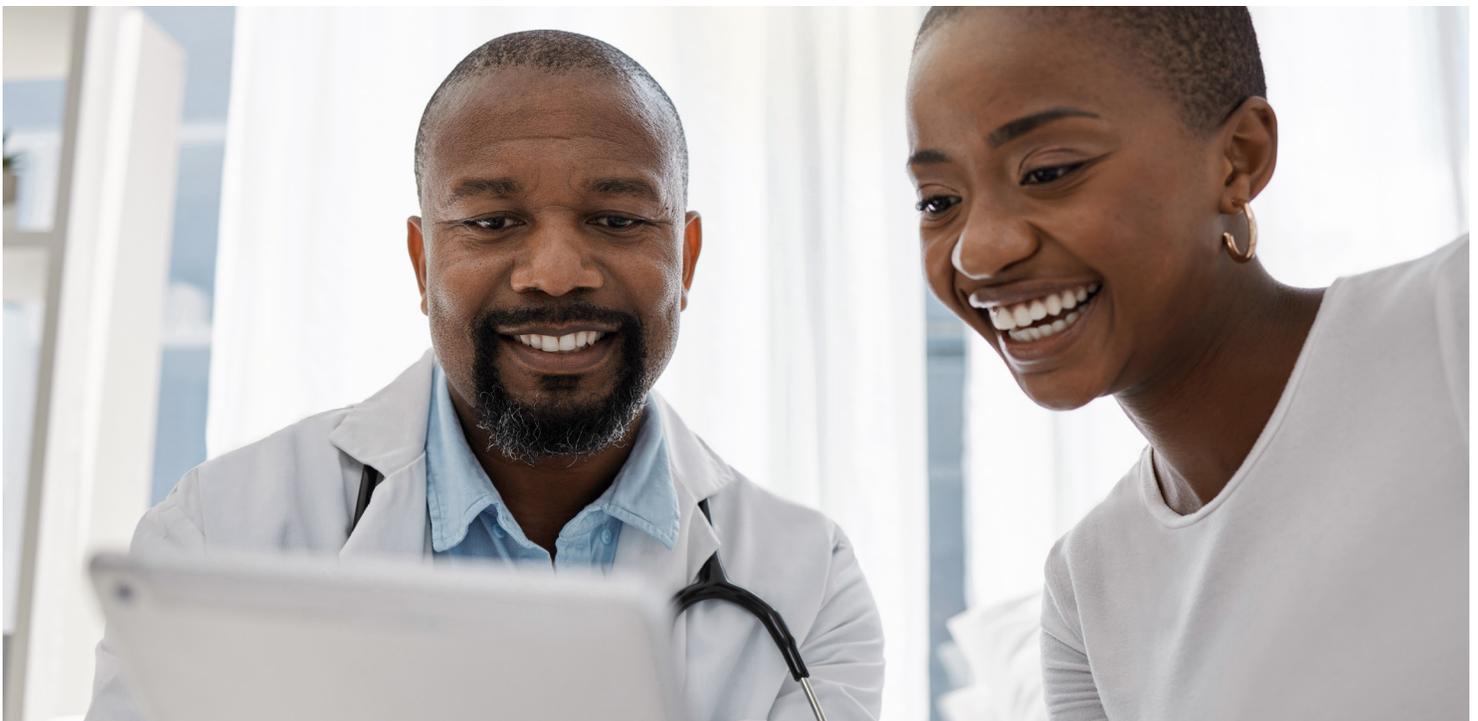


Accredo's team of emergency nurses take more than **8,000** calls per month from patients that need help with devices, medications or have emergency needs. Between 2020 and 2021, Accredo home infusion nurses conducted over **250,000** virtual and in-person visits and averaged **625,000** hours of face-to-face time with specialty patients.⁷

Specialty patients are at higher risk for disease progression and [comorbidities](#), such as anxiety and depression. This makes it especially important for each condition-specific care model to feature tools that are capable of monitoring drug-level therapy responses and patient-level risk factors.

Some examples of these tools include:

- + Comprehensive adherence coaching with practical improvement strategies
- + Proactive clinical assessments aligned to evidence-based, disease- and drug-specific clinical protocols
- + Predictive analytics to inform targeted support for patients at risk for non-adherence
- + Outcome monitoring to help direct prescriber engagement and recommendations for regimen adjustments, when appropriate
- + Proprietary depression screenings with protocol-specific physician notifications and social worker referrals



At Accredo's Neurology & Multiple Sclerosis TRC, proprietary mental health screenings help identify signs of clinical depression in an average of **300** patients per month, triggering protocols for appropriate follow-up care.⁸

Technology is an integral part of today’s care continuum—and its importance will only increase as demand for flexibility and convenience continues to grow.

Your specialty partner should be demonstrating a commitment to technology and an ability to embed it across their clinical model via highly rated digital tools with web, app and text options supporting patient engagement and health progress.

A few examples of industry-standard tools are:



Custom administration and refill reminders to drive sustained adherence



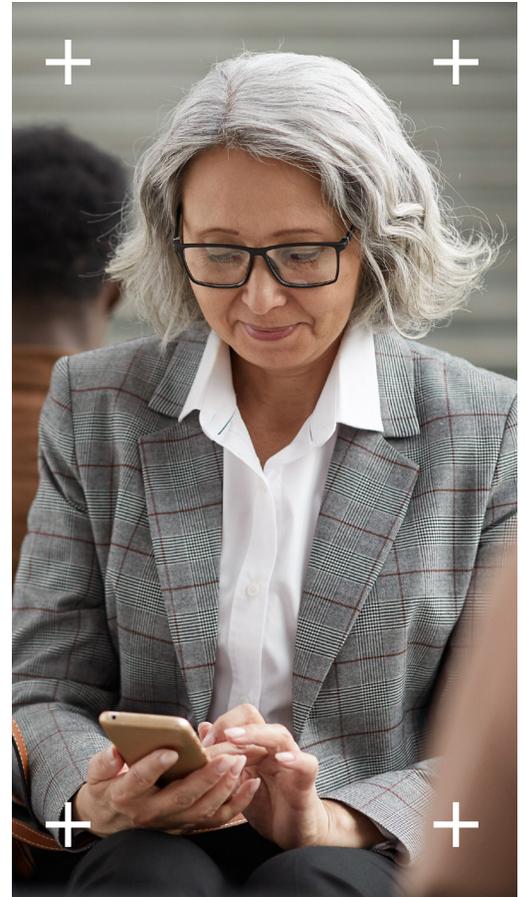
Two-way text messaging to refill medications and answer questions, helping mitigate [gaps in therapy](#)



Symptom trackers to support clinician engagement and patient disease and medication understanding



Self-reporting of outcomes to measure clinical improvement (or lack of disease progression) and aid in managing side effects



Patients are up to **6%** more adherent and engaged when using Accredo’s digital tools.⁹ **Oncology health trackers have shown to help increase patient survival rate by an average of seven months, improve quality of life by 16% and decrease ER visits by 7%.**

04. CAN THEY DEMONSTRATE CLINICAL EXCELLENCE THROUGH INDUSTRY-STANDARD CREDENTIALS AND PROVEN RESULTS?

When member health is at stake, it's vital to have a partner who upholds the highest levels of clinical excellence. To ensure their care model is built on a solid foundation with the right people, processes and policies to drive the most predictable, positive outcomes, due diligence is a necessity.

Here are some specific questions to help you conduct yours:

- + Do they hold [specialty pharmacy-specific accreditations from leading industry authorities](#)?
 - [The National Association of Boards of Pharmacy® \(NABP\)](#)
 - [URAC®](#)
 - [The Joint Commission \(TJC\)](#)
- + Do they have access to the widest possible range of therapies for patients with rare and complex conditions?
- + Are the therapies bolstered by proprietary evidence-based clinical protocols that optimize adherence and drive positive outcomes?
- + Are clinical algorithms, evidence-based protocols and patient assessments designed by credentialed experts with routine oversight from a competent governing body?
- + Do firewalls exist to assure that clinical decisions are completely absent of business interests?



Accredo was awarded URAC's Rare Disease Pharmacy Center of Excellence designation in 2022, recognizing its excellence in quality care delivery and long-term commitment to ensuring safety and improving outcomes for patients living with rare diseases.

PRO TIP

“Evernorth’s commitment to clinical excellence and the way we embed it across everything we do for clients and patients sets us apart from other specialty partners. Our proven clinical framework features tenured clinicians who develop comprehensive, integrated care programs for each specialty condition, focusing solely on effective treatment and appropriate utilization—absent of cost and other business influences. These clinical-first decisions drive better patient outcomes, which ultimately equate to lower costs.”



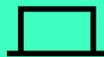
MARY DORHOLT, PHARMD, MANAGING DIRECTOR, CLINICAL PRODUCT
ACCREDO, AN EVERNORTH COMPANY

Putting it all together

The prospect of establishing or refining a partner evaluation framework can be daunting. This is especially true in the specialty space, where there are myriad factors to consider across both cost and care management strategic objectives.

While the tips in this guide only scratch the surface of these considerations, they provide a solid foundation to build upon—especially when weighted against your organization’s unique needs and goals.

Evernorth is here to help lead that conversation, if and when you’re ready. Our team of experts have decades of experience helping plan sponsors prepare for a constantly evolving, increasingly complex specialty landscape.

 [Contact us to get started today.](#)



Key Terms

- + **Adherence:** The ability of a patient to comply with a therapeutic program.
- + **Biosimilar:** A substance of biological origin used in the prevention or treatment of a disease that is highly similar to a previously approved proprietary biologic drug.
- + **Channel optimization:** A strategy designed to steer coverage toward the most appropriate and/or lowest net cost channel(s)—pharmacy, medical or both.
- + **Comorbidity:** The simultaneous presence of two or more diseases or medical conditions in a patient.
- + **Copay solution:** A tool that helps minimize the fixed out-of-pocket amount patients pay for a treatment.
- + **Cross-benefit management strategy:** A strategy designed to help plans make the most informed coverage decisions and optimize drug spending across both pharmacy and medical benefits.
- + **Drug pipeline:** The set of prospective therapies in development at a point in time.
- + **Forecasting tool:** A technology system that uses historical data to help predict future occurrences.
- + **Formulary:** A list of each drug covered by a specific plan.
- + **Gap in therapy:** When a patient should be on a specific prescribed therapy but is not taking their therapy as prescribed.
- + **Gene and cell therapy:** A therapy that genetically modifies cells to repair or reconstruct defective genetic material.
- + **Modeling tool:** A technology system that uses data sets to estimate the impact of an event or set of scenarios.
- + **Net effective discount:** The aggregate percentage of drug savings from the average wholesale price.
- + **Network optimization:** A strategy designed to help deliver the best possible coverage and access for plan members.
- + **Novel treatment:** An innovative therapy that serves previously unmet medical needs or otherwise significantly help advance patient care and public health.
- + **Payment integrity solutions:** A set of techniques deployed to ensure accuracy and optimize savings for drug claims, helping mitigate fraud, waste and abuse.

Key Terms (cont.)

- + **Plan design:** How a plan's benefits are constructed to meet the specific needs of a member population.
- + **Prior authorization:** A utilization management process to determine if a specific prescribed drug will be covered under a plan's benefits.
- + **Rare condition:** A disease or condition that affects fewer than 200,000 people in the United States.
- + **Rebate guarantee:** A contractually obligated amount of credit returned to a payer for a specialty drug claim.
- + **Regimen appropriateness:** A therapy monitoring protocol that involves clinical vetting and validation of a prescribed systematic form of treatment for the course of a drug.
- + **Site of care redirection:** A strategy that steers therapies to the most clinically appropriate and lowest-cost care settings.
- + **Specialty condition:** A complex condition requiring treatment with expensive outpatient drugs.
- + **Specialty drug:** A pharmaceutical that is classified as high-cost, high-complexity and/or high-touch—often a therapy that is injected, infused or inhaled.
- + **Specialty drug management partner:** A professional organization that assists payers with tools to help facilitate effective management, usage and/or payment of specialty drugs.
- + **Specialty drugs covered under the medical benefit:** Specialty therapies that are billed to the medical benefit, most often administered in the office of a health care professional by a qualified clinician.
- + **Specialty drugs covered under the pharmacy benefit:** Specialty therapies that are billed to the pharmacy benefit, most often delivered and administered to a patient at home.
- + **Specialty pharmacy utilization review:** A therapy management protocol that involves clinical vetting and validation that a specific drug is the most appropriate one for a specific diagnosis.
- + **Therapeutic Resource Centers (TRCs):** A unique care model comprised of condition-specific centers, each led by highly specialized clinical experts and featuring therapy management programs and protocols to help achieve the best possible outcomes for specialty patients.
- + **Therapy management protocol:** A service or combination of services or processes designed to optimize therapeutic outcomes for individual patients—typically drug and therapy class-specific.

Key Terms (cont.)

- + **Trend management:** The percentage change in total drug costs from one year to the next.
- + **Utilization management:** A set of techniques used to manage health care costs through case-by-case assessments of the appropriateness of care prior to its delivery.
- + **Value-based program:** A program that deploys a mix of cost-containment strategies and condition-specific patient support to help keep drug costs in check.
- + **Vial optimization:** A therapy management protocol designed to help support the responsible management of medication inventory and reduce waste.



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1. Data from Express Scripts client sample for plans >10K lives enrolled in multiple specialty pharmacy trend management strategies, 2021
2. Express Scripts book of business savings for clients with delegated medical drug management, 2017-2021
3. Express Scripts book of business savings for clients with delegated medical drug management (~\$1 PMPM for Commercial and ~\$2 PMPM for Medicare when clients implement MedRx Preferred), 2021
4. Evernorth specialty data analytics and reporting consolidation, 2021
5. Accredo rare satisfaction data, 2021
6. Accredo book of business data, 2021 and 2016-2020
7. Accredo internal data for patient satisfaction, 2022
8. Accredo book of business data, 2020
9. Accredo medication possession ratio for rheumatoid arthritis and inflammatory conditions, oncology and multiple sclerosis patients, 2020

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